



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number Name of Filing Committee, Candidate or Lobbyist Street Address City State Zip Code	Report Filed By (Mark X) Candidate Committee Lobbyist
COMMITTEE TO ELECT ART OLIGER 5447 BONDY DR ERIE PA 16505	X

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/07	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
	10/24/17	11/27/17
A. Amount Brought Forward From Last Report	\$	677.39
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	39,685.00
C. Total Funds Available (Sum of Lines A and B)	\$	40,362.39
D. Total Expenditures (From Schedule III)	\$	39,976.43
E. Ending Cash Balance (Subtract Line D from Line C)	\$	385.96
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	800.00

For Office Use Only

 2017 DEC -7 PM 2:26
 ERIE COUNTY
 VOTER REGISTRATION

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

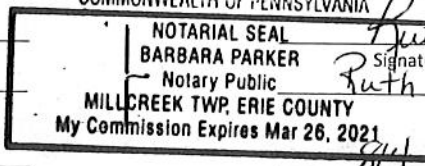
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

6 day of December 20 17

 Signature
 Barbara Parker

COMMONWEALTH OF PENNSYLVANIA



Signature of Person Submitting report

Ruth Ann Oliger

Printed Name

 My Commission expires 3 -26-21
 MO. DAY YR.

Area Code

 392-4385
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

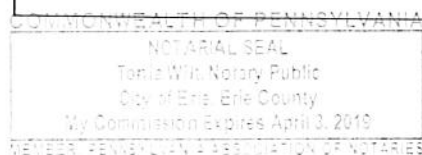
Sworn to and subscribed before me this

7th day of Dec. 20 17

 Signature
 Sonia Wilt

 My Commission expires 4-3-17
 MO. DAY YR.

Area Code

 323-2486
 Daytime Telephone Number


SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	COMMITTEE TO ELECT ART OLIGERY		
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period (1)		\$	85.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	1,100.00
Total for the reporting period (2)		\$	1,100.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	10,000.00
All Other Contributions (Part D)		\$	28,500.00
Total for the reporting period (3)		\$	38,500.00
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4)		\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	39,685.00

SCHEDULE III
Statement of Expenditures

COMMITTEE TO ELECT ANT OLBERT							
To Whom Paid	SRCP MEDIA			Date (MM/DD/YYYY)	11/02/2017	\$	2,000.00
House	261	Street Address	N. UNION ST. SUITE 200		Description of Expenditure		
City	ALEXANDRIA	State	VA	Zip Code	22314	MEDIA	
To Whom Paid	ERIE MARGHERHO CLUB			Date (MM/DD/YYYY)	11/07/2017	\$	720.00
House	1607	Street Address	STATE ST.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	ELECTION NIGHT EVENT	
To Whom Paid	PRINTING CONCEPTS			Date (MM/DD/YYYY)	11/10/2017	\$	103.88
House	4982	Street Address	PACIFIC AVE		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16506	EPSON 130AM	
To Whom Paid	COLD SPARK			Date (MM/DD/YYYY)	11/10/2017	\$	1316.93
House	307	Street Address	4TH AVENUE		Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15222	CAMPAIGN EXPENSES	
To Whom Paid	POST OFFICE			Date (MM/DD/YYYY)	11/10/2017	\$	9.80
House	3607	Street Address	POPLAR ST		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	POSTAGE	
To Whom Paid	ERIE MARGHERHO CLUB			Date (MM/DD/YYYY)	11/17/2017	\$	632.87
House	1607	Street Address	STATE ST.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	CAMPAIGN CONF. EVENT	
To Whom Paid	SRCP MEDIA			Date (MM/DD/YYYY)	10/30/2017	\$	5,000.00
House	261	Street Address	N. UNION ST. SUITE 200		Description of Expenditure		
City	ALEXANDRIA	State	VA	Zip Code	22314	MEDIA	
To Whom Paid	SRCP MEDIA			Date (MM/DD/YYYY)	10/30/2017	\$	30,000.00
House	261	Street Address	N. UNION ST. SUITE 200		Description of Expenditure		
City	ALEXANDRIA	State	VA	Zip Code	22314	MEDIA	

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SCHEDULE III
Statement of Expenditures

COMMITTEE TO ELECT ART OLIGETI

To Whom Paid				Date (MM/DD/YYYY)		S	
FIRST NATL BANK				11/ 6/17		114.00	
House #	Street Address			Description of Expenditure			
6966	PLANT ST.			SE-RULES CHARGE FOR WIRE TRANS.			
City	State	Zip Code					
LERIE	PA	16509					
To Whom Paid				Date (MM/DD/YYYY)		S	
PAY PAL SK				11/ /2017		78.95	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid				Date (MM/DD/YYYY)		S	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid				Date (MM/DD/YYYY)		S	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid				Date (MM/DD/YYYY)		S	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid				Date (MM/DD/YYYY)		S	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid				Date (MM/DD/YYYY)		S	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	COMMITTEE TO ELECT ANT OLIGETI
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Name of Creditor		COLD SPARK		Outstanding Balance of Debt	
House #	307	Street Address	4TH AVENUE	DATE DEBT INCURRED [MM/DD/YYYY]	\$ 800.00
City		PITTSBURGH	State	PA	Zip Code 15222
Description of Debt MEDIA					
Name of Creditor				Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description of Debt					

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: COMMITTEE TO ELECT ART OLIVERI

Full Name of Contributor		THOMAS CHIOD		Date [MM/DD/YYYY]	11/02/2017	\$	100.00
House #	1103	Street Address	STATE ST	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16501	Date [MM/DD/YYYY]	\$
Full Name of Contributor		ANN GRUNSWALD		Date [MM/DD/YYYY]	11/02/2017	\$	100.00
House #	4014	Street Address	MELROSE AVE	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor		RITA GOLDBER		Date [MM/DD/YYYY]	10/28/2017	\$	100.00
House #	8226	Street Address	GEORGIAN C.	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor		KATTH WOLFMAN		Date [MM/DD/YYYY]	10/28/2017	\$	100.00
House #	1022	Street Address	COMPASS DR	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor		HOWARD KUBINSKI		Date [MM/DD/YYYY]	10/28/2017	\$	125.00
House #	4180	Street Address	WEST LAKE RD	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor		GARY NEMENZ		Date [MM/DD/YYYY]	10/28/2017	\$	125.00
House #	30	Street Address	NORMAN WAY	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$

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PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	COMMITTEE TO ELECT ART OLIVER
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
TOM KENNEDY				11/06/2017		200.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
1001	STATE ST					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
ERIE	PA	16501				
Full Name of Contributor				Date [MM/DD/YYYY]		\$
RYAN DUNLAVY				11/06/2017		250.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
11048	HIGHLAND AVE					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
NORTHEAST	PA	16428				
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	

PART C
Contributions Received From Political Committees
Over \$250.00
Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number: COMMITTEE TO ELECT ART OLIGER

Full Name of Contributing Committee		REPUBLICAN PARTY OF PENNSYLVANIA		Date [MM/DD/YYYY]	\$	10,000.00
House #	112	Street Address	STATE ST.	Date [MM/DD/YYYY]	\$	
City	HARRISBURG	State	PA	Zip Code	17101	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		

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PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:		COMMITTEE TO ELECT ART OLIVERI					
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Full Name of Contributor		SCOTT WAGNER			Date [MM/DD/YYYY]	11/02/2017	\$	25,000.00
House #	1630	Street Address	WYNHAM DR		Date [MM/DD/YYYY]		\$	
City	YORK	State	PA	Zip Code	17403	Date [MM/DD/YYYY]	\$	
Employer Name		STATE OF PENNSYLVANIA			Occupation	STATE SENATOR		
Employer Mailing Address / Principal Place of Business		HARRISBURG						

Full Name of Contributor		BRUCE KERN			Date [MM/DD/YYYY]	11/02/2017	\$	2,000.00
House #	1091	Street Address	DUTCH RD		Date [MM/DD/YYYY]		\$	
City	FAIRVIEW	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$	
Employer Name		LURTZE FOODS			Occupation	PRESIDENT		
Employer Mailing Address / Principal Place of Business		1717 EAST 12 TH ST. ERIE PA 16511						

Full Name of Contributor		MARY ELLERT			Date [MM/DD/YYYY]	11/02/2017	\$	500.00
House #	5403	Street Address	PEPPERWOOD CIRCLE		Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Employer Name		LEGUM MILLER CORN. HOSPITAL			Occupation	CEO		
Employer Mailing Address / Principal Place of Business		5375 PEAKE ST ERIE PA 16509						

Full Name of Contributor		DOLORES MYRIK			Date [MM/DD/YYYY]	10/25/2017	\$	500.00
House #	212	Street Address	W. 41 ST ST		Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$	
Employer Name		HUBBARD-BERT			Occupation	ASSOCIATE		
Employer Mailing Address / Principal Place of Business		1250 TOWER LANE ERIE PA 16505						

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PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	COMMITTED TO ELECT ART OLIGER
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Full Name of Contributor		SILVIA FERRETTI		Date [MM/DD/YYYY]	11/06/2017	\$	500.00
House #	5741	Street Address		LARCHMONT DR		Date [MM/DD/YYYY]	\$
City	ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$
Employer Name		LECOM		Occupation	SR. VICE PRES.		
Employer Mailing Address / Principal Place of Business		1858 WEST BRANDVILKE BLVD - ERIE, PA					
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							